

Special Considerations in the Administration of Varicella Vaccine

- 1) The groups listed below should **not** receive varicella vaccine *except* as specified in the box. Please consult the package insert for a full list of contraindications and precautions.
- Infants less than 12 months of age.
 - Pregnant women. (Women should avoid getting pregnant until ≥ 1 month after vaccination.)
 - Those with anaphylactic reaction to neomycin or other vaccine component (consult package insert).
 - Those on salicylate therapy, because of the risk of Reye syndrome. (If varicella vaccine has been given, salicylate therapy should be deferred for ≥ 6 weeks.)
 - Those with severe illness at the time of the scheduled vaccination (temporary contraindication).
 - Those with immunocompromising conditions, including malignancies, primary or acquired immunodeficiency, and immunosuppressive therapy, **except** as noted in box below.

**Groups with Potentially Immunocompromising Conditions
Eligible to Receive Varicella Vaccine**

The following persons with immunocompromising conditions are **eligible** to be considered for routine varicella immunization. However, varicella vaccine should **not** be used as post-exposure prophylaxis. If exposed, they should receive VZIG as soon as possible within 96 hours of exposure.

- Persons with impaired humoral immunity, e.g. hypogammaglobulinemia, dysgammaglobulinemia.
- HIV-infected children in CDC Class N1 or A1 with age-specific CD4+ T-lymphocyte percentages of $\geq 25\%$. (If to be vaccinated, these children should receive 2 doses with a 3-month interval between doses and be monitored for adverse events. These children may have a higher risk of developing a vaccine-associated rash.)
- Children with acute lymphoblastic leukemia (ALL) in remission for at least 12 consecutive months and conforming to certain other criteria. (Vaccine available through a research protocol, call 215-283-0897.)
- Persons on non-suppressive topical, aerosol, or local injections of steroids.
- Persons receiving systemic steroids and who are not otherwise immunocompromised, if they are receiving < 2 mg/kg of body weight or a total of ≤ 20 mg/day of prednisone or its equivalent. (Persons on higher-dose steroid therapy can **not** receive varicella vaccine—see section on steroids below.)

- Those having received blood products (except washed red blood cells), plasma, or immune globulin, including VZIG, within the previous 3-11 months. (Please refer to Attachment C.) The effect of administration of immune globulin on the antibody response to varicella vaccine is not known. Because of potential inhibition of the response, varicella vaccine should not be administered **after** receipt of an immune globulin preparation or a blood product (except washed red blood cells). In addition, varicella vaccine should be given ≥ 2 weeks **before** these blood products. If IG or a blood product is given during this 2-week interval, the individual should be reimmunized after an appropriate interval, as specified in Attachment B, or tested for varicella immunity at that time and reimmunized if seronegative.

2) Guidelines for administration of live virus vaccines to individuals on steroid therapy:

Steroid therapy	Recommendations for deferral
High-dose systemic steroids daily or on alternate days for ≥ 14 days (≥ 2 mg/kg QD or ≥ 20 mg QD of prednisone)	Defer live virus vaccines for ≥ 1 month after treatment has stopped.
High dose systemic steroids daily or on alternate days for < 14 days (≥ 2 mg/kg QD or ≥ 20 mg QD of prednisone)	Can give live virus vaccines immediately after treatment has been discontinued. However, some experts recommend deferring until 2 weeks after treatment has stopped, if possible.
Low or moderate doses of systemic steroids given daily or on alternate days (< 2 mg/kg QD or < 20 mg QD of prednisone)	Can give live virus vaccines on treatment.
Topical, aerosol, or local injections of steroids (e.g. skin, aerosol, eyes, inter-articular, bursal, tendon injections); or physiologic maintenance doses of steroid (replacement therapy)	Can give live virus vaccines on treatment. However, if this therapy is prolonged and there is any clinical or laboratory evidence of immunosuppression, defer for ≥ 1 month after treatment has stopped.
Children with a disease which in itself is considered to suppress the immune response and who are receiving systemic or locally acting steroids	Should not give live virus vaccines, except in special circumstances.